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**MULTIPLE DEPENDENT CLAIM  
EE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**10/089328**

FILING DATE

APPLICANT(S)

**CLAIMS**

	FILED IND.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	/				
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TOTAL IND.	1	2			
TOTAL DEP.	13	15			
TOTAL CLAIMS	14	17			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS